

## Florida Medicare Advantage and Cost Prescription Drug Plans

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Includes contracts/plans approved as of September 25, 2005. The data does not reflect information for Plans offering Part B only services, some demonstrations, PACE organizations, employer sponsored plans, or plans that were not approved by the "As of" date of the chart.

Organization Name	Plan Name	Percent Beneficiaries with Access to Plan in State	Beneficiary Drug Premium *	Type of Medicare Advantage Plan				Cost Plans	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Coverage Gap		Mail Order Offered	Number of Top 100 Drugs on Formulary
				HMO	Local PPO	Regional PPO	Private Fee-for-Service		Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
AdvantageCare	AdvantageCare	3%	\$0.00	•					•			•			•	85
	AdvantageCare	9%	\$0.00	•					•			•			•	85
Aetna Health Inc.	Aetna Golden Medicare Standard Plan	6%	\$30.91	•							•	•			•	82
Aetna Life Insurance Company	Aetna Golden Choice Standard Plan	6%	\$30.91		•						•	•			•	82
American Pioneer Life Insurance Company	MediCare Florida Plus	19%	\$0.00	•					•			•	•		•	96
	Florida Special Needs Plan	22%	\$22.31	•							•					96
	CoastalComplete	4%	\$30.29	•					•			•	•		•	96
	CoastalPlus	4%	\$30.29	•					•			•	•		•	96
America's Health Choice Medical Plans, Inc.	Americas Health Choice Broward Premier Pla	8%	\$0.00	•					•			•			•	88
	Americas Health Choice Palm Beach Premier	8%	\$0.00	•					•			•		•	•	88
	Americas Health Choice Treasure Coast Prem	7%	\$0.00	•					•			•		•	•	88
	Americas Healthy Rewards Broward Plan	8%	\$0.00	•					•			•		•	•	88
	Americas Healthy Rewards Palm Beach Plan	8%	\$0.00	•					•			•		•	•	88
	Americas Healthy Rewards Treasure Coast Pl	7%	\$0.00	•					•			•		•	•	88
AvMed Medicare Plan	AvMed Premier Care	11%	\$0.00	•					•			•	•		•	82
	AvMed Premier Care	8%	\$0.00	•					•		•	•			•	82
AvMed Medicare Preferred PPO	AvMed Medicare Preferred PPO	8%	\$34.11		•				•		•	•			•	82
	AvMed Medicare Preferred PPO	11%	\$35.08		•				•			•			•	82
Blue Cross And Blue Shield Of Floria	BluePreferred Plan 1	16%	\$45.89		•					•		•			•	96
	BluePreferred Plan 1	11%	\$45.89		•					•		•			•	96
Capital Health Plan Advantage	Capital Health Plan Advantage Plus	1%	\$28.03	•					•			•				92
CareOne Health Plan	CareOne Advocate	50%	\$29.07	•							•	•			•	92
CarePlus Health Plans, Inc.	CareFree Plan	8%	\$0.00	•					•			•			•	97
	CareOne Plan	8%	\$0.00	•					•			•	•		•	97
	CareExtra Plan	8%	\$0.00	•							•	•			•	97
	CareExtra Plan	11%	\$0.00	•							•	•			•	97
	CareOne Plan	5%	\$0.00	•					•			•			•	97
	CareOne Plan	6%	\$0.00	•					•			•			•	97
	CareExtra Plan	8%	\$0.00	•							•	•			•	97
	CareFree Plan	8%	\$0.00	•					•			•			•	97
	CareCenters Plan	11%	\$0.00	•					•			•	•		•	97
	CareFree Plan	11%	\$0.00	•					•			•			•	97
	CareOne Plan	8%	\$0.00	•					•			•	•		•	97
	CareOne Plan	11%	\$0.00	•					•			•	•		•	97
Citrus Health Care, Inc.	CitrusCare Platinum	6%	\$0.00	•					•			•		•	•	96
	CitrusCare	6%	\$0.01	•					•			•		•	•	96
	Citrus Special Needs Plan	46%	\$0.03	•					•			•		•	•	96
	CitrusCare	3%	\$0.08	•					•			•		•	•	96
	CitrusCare	3%	\$0.13	•					•			•		•	•	96
	CitrusCare Platinum Plan	3%	\$0.24	•					•			•		•	•	96
	CitrusCare	8%	\$0.35	•					•			•		•	•	96
	CitrusCare	11%	\$0.38	•					•			•		•	•	96
	CitrusCare	14%	\$1.00	•					•			•		•	•	96
Doctorcare, Inc.	DoctorCare Health Advantage	11%	\$0.00	•					•			•			•	93
Florida Health Care Plan, Inc.	Florida Health Care Plan, Inc.	4%	\$0.00	•						•		•			•	77
	Florida Health Care Plan, Inc.	4%	\$19.22	•					•			•		•	•	77
Freedom Health, Inc.	Patriot Plan	21%	\$0.00	•					•			•		•	•	88
	Patriot Plan II	11%	\$0.00	•					•			•		•	•	88
Health First Medicare Plan	The Sunshine Plan	5%	\$0.00	•							•	•			•	77
	The Value Secure Plan	5%	\$0.00	•					•			•		•	•	77
	The Classic Secure Plan	5%	\$36.59	•					•			•		•	•	77
Health Options, Inc.\BCBSFL	Medicare & More	8%	\$0.00	•						•		•			•	96
	Medicare & More	11%	\$0.00	•						•		•			•	96
	Medicare & More	8%	\$0.00	•					•			•			•	96
	ActivelyYou	11%	\$8.47	•						•		•		•	•	96
	ActivelyYou	8%	\$8.47	•						•		•		•	•	96
	ActivelyYou	8%	\$8.71	•						•		•		•	•	96
Healthsun Health Plans, Inc.	SunPlus Advantage Plan	11%	\$0.00	•					•			•		•	•	77
Humana Health Insurance Company Of Fl, Inc.	HumanaChoicePPO PPO H5415-006	27%	\$1.19		•				•			•			•	97
	HumanaChoicePPO PPO H5415-011	18%	\$1.39		•				•			•			•	97
	HumanaChoicePPO PPO H5415-021	9%	\$1.39		•				•			•			•	97
	HumanaChoicePPO PPO H5415-039	4%	\$1.39		•				•			•			•	97

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Organization Name	Plan Name	Percent Beneficiaries with Access to Plan in State	Beneficiary Drug Premium *	Type of Medicare Advantage Plan				Cost Plans	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Coverage Gap		Mail Order Offered	Number of Top 100 Drugs on Formulary
				HMO	Local PPO	Regional PPO	Private Fee-for-Service		Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
Humana Insurance Company	Humana Gold Choice PFFS H1804-122	3%	\$14.00				•		•			•			•	97
	HumanaChoicePPO PPO R5826-032	100%	\$14.48			•			•		•	•			•	97
	Humana Gold Choice PFFS H1804-123	12%	\$21.35				•		•			•			•	97
	Humana Gold Choice PFFS H1804-145	84%	\$21.35				•		•			•			•	97
Humana Medical Plan, Inc.	HumanaChoicePPO PPO R5826-005	100%	\$22.99			•			•			•			•	97
	Humana Gold Plus HMO H1036-034A	11%	\$0.00	•					•			•			•	97
	Humana Gold Plus HMO H1036-044	4%	\$0.00	•					•			•			•	97
	Humana Gold Plus HMO H1036-054C	11%	\$0.00	•					•			•	•		•	97
	Humana Gold Plus HMO H1036-062C	8%	\$0.00	•					•			•	•		•	97
	Humana Gold Plus HMO H1036-065C	8%	\$0.00	•					•			•	•		•	97
	Humana Gold Plus HMO H1036-068	1%	\$0.00	•					•			•			•	97
	Humana Gold Plus HMO H1036-073B	8%	\$0.00	•					•			•	•		•	97
	Humana Gold Plus HMO H1036-090C	8%	\$0.00	•					•		•	•			•	97
	Humana Gold Plus HMO H1036-011A	8%	\$0.00	•					•			•			•	97
	Humana Gold Plus HMO H1036-025	5%	\$0.00	•					•			•			•	97
	Humana Gold Plus HMO H1036-035A	8%	\$0.00	•					•			•			•	97
	Humana Gold Plus HMO H1036-040	3%	\$0.00	•					•			•			•	97
	Humana Gold Plus HMO H1036-047	9%	\$0.00	•					•			•			•	97
	Humana Gold Plus HMO H1036-052	6%	\$0.00	•					•			•			•	97
	Humana Gold Plus HMO H1036-067	1%	\$0.00	•					•			•			•	97
	Humana Gold Plus HMO H1036-071B	8%	\$0.00	•					•			•	•		•	97
	Humana Gold Plus HMO H1036-072B	11%	\$0.00	•					•			•	•		•	97
	Humana Gold Plus HMO H1036-074	2%	\$0.00	•					•			•			•	97
	Humana Gold Plus HMO H1036-077C	11%	\$0.00	•							•	•			•	97
	Humana Gold Plus HMO H1036-087C	8%	\$0.00	•							•	•			•	97
	Humana Gold Plus HMO H1036-089C	8%	\$0.00	•					•			•			•	97
	Humana Gold Plus HMO H1036-037C	4%	\$0.00	•					•			•			•	97
	Humana Gold Plus HMO H1036-078A	11%	\$0.00	•					•			•			•	97
	Humana Gold Plus HMO H1036-081D	4%	\$0.00	•					•			•			•	97
Leon Medical Centers Health Plans, Inc	Leon Cares	11%	\$0.00	•					•			•	•			100
Medica HealthCare Plans, Inc.	MedicareMax	11%	\$0.00	•					•			•		•		98
	MedicareMax	8%	\$0.00	•					•			•		•		98

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Medicare Masterpiece.	Medicare Masterpiece	5%	\$0.00	•					•			•			•	96
	Medicare Masterpiece	0%	\$0.00	•					•			•			•	96
	Medicare Masterpiece	11%	\$0.00	•					•			•			•	96
	Medicare Masterpiece	8%	\$0.00	•					•			•			•	96
	Medicare Masterpiece	3%	\$0.00	•					•			•			•	96
	Medicare Masterpiece	6%	\$0.00	•					•			•			•	96
	Medicare Masterpiece	5%	\$0.00	•					•			•			•	96
	Medicare Masterpiece	2%	\$0.00	•					•			•			•	96
	Medicare Masterpiece	8%	\$0.00	•					•			•			•	96
	Medicare Masterpiece	1%	\$0.00	•					•			•			•	96
	Medicare Masterpiece	2%	\$0.00	•					•			•			•	96
	Medicare Masterpiece	4%	\$0.00	•					•			•			•	96
	Medicare Masterpiece	2%	\$0.00	•					•			•			•	96
	Medicare Masterpiece	4%	\$0.00	•					•			•			•	96
	Medicare Masterpiece	3%	\$0.00	•					•			•			•	96
	Medicare Masterpiece Plus A	29%	\$0.00	•					•			•			•	76
	Medicare Masterpiece Plus B	36%	\$0.00	•					•			•			•	76
	Medicare Masterpiece Ultra	3%	\$0.00	•					•			•			•	96
	Medicare Masterpiece Ultra	1%	\$0.00	•					•			•			•	96
	Medicare Masterpiece Ultra	2%	\$0.00	•					•			•			•	96
	Medicare Masterpiece Ultra	6%	\$0.00	•					•			•			•	96
	Medicare Masterpiece Ultra	5%	\$0.00	•					•			•			•	96
	Medicare Masterpiece Ultra	1%	\$0.00	•					•			•			•	96
	Medicare Masterpiece Ultra	3%	\$0.00	•					•			•			•	96
	Medicare Masterpiece Ultra	2%	\$0.00	•					•			•			•	96
	Medicare Masterpiece Ultra	4%	\$0.00	•					•			•			•	96
	Medicare Masterpiece Ultra	2%	\$0.00	•					•			•			•	96
	Medicare Masterpiece	1%	\$0.00	•					•			•			•	96
	Medicare Masterpiece	1%	\$0.00	•					•			•			•	96
	Medicare Masterpiece Premier	3%	\$0.00	•					•			•			•	76
	Medicare Masterpiece Premier	2%	\$0.00	•					•			•			•	76
	Medicare Masterpiece Premier	4%	\$0.00	•					•			•			•	76
	Medicare Masterpiece Premier	2%	\$0.00	•					•			•			•	76
	Medicare Masterpiece Premier	1%	\$0.00	•					•			•			•	76
	Medicare Masterpiece Ultra	8%	\$0.00	•					•			•			•	96
	Medicare Masterpiece Ultra	4%	\$0.00	•					•			•			•	96
	Medicare Masterpiece Ultra	1%	\$0.00	•					•			•			•	96
	Medicare Masterpiece Ultra	5%	\$0.00	•					•			•			•	96
	Medicare Masterpiece Ultra	8%	\$0.00	•					•			•			•	96
	Medicare Masterpiece Ultra	0%	\$0.00	•					•			•			•	96
Physicians United Plan Inc	American Spirit Plan	3%	\$0.00	•					•			•		•	•	96
Preferred Care Partners, Inc.	PSO Health Plan	11%	\$0.00	•					•			•	•		•	54
	PSO Health Plan	8%	\$0.00	•					•			•	•		•	54
	Senior Health Choice	11%	\$0.00	•					•			•	•		•	54
	Medicare Assist	8%	\$20.64	•							•	•			•	54
	Medicare Assist	11%	\$20.64	•							•	•	•		•	54
Quality Health Plans, Inc.	Advantage Silver	31%	\$0.00	•					•			•		•	•	96
	Advantage Silver	3%	\$0.00	•					•			•		•	•	96
	Advantage Silver	3%	\$0.00	•					•			•		•	•	96
	Advantage Gold Plus	29%	\$0.00	•					•			•		•	•	96
	Advantage	3%	\$43.85	•					•			•		•	•	96
	Advantage Gold	1%	\$49.14	•					•			•		•	•	96
	Advantage Gold	3%	\$55.55	•					•			•		•	•	96
Summit Health Plan, Inc.	Standard Plan	27%	\$0.00	•					•			•			•	91
	Special Needs Plan	27%	\$0.00	•							•	•			•	91
SunCoast Physicians Health Plan, Inc	SunCoast Physicians Health Plan, Inc.	27%	\$0.00	•					•			•			•	77
United Healthcare Insurance Company	Evercare Plan DH	35%	\$29.07	•					•			•			•	96
	Evercare Plan IP	62%	\$29.07		•				•			•			•	96
United Healthcare Insurance Company, Inc.	UnitedHealthcare Medicare Comp Choice Rx	21%	\$0.00		•				•			•			•	96

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				HMO	Local PPO	Regional PPO	Private Fee-for-Service		Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
United Healthcare of Florida, Inc.	UnitedHealthcare Medicare Complete Rx	11%	\$0.00	•					•			•			•	96
	UnitedHealthcare Medicare Complete Rx	5%	\$0.00	•					•			•			•	96
	UnitedHealthcare Medicare Complete Rx	4%	\$0.00	•					•			•			•	96
	UnitedHealthcare Medicare Complete Rx	3%	\$0.00	•					•			•			•	96
	UnitedHealthcare Medicare Complete Rx	5%	\$0.00	•					•			•			•	96
	UnitedHealthcare Medicare Comp Select C Rx	11%	\$0.00	•					•			•			•	96
	UnitedHealthcare Medicare Comp Select Rx	11%	\$0.00	•					•			•			•	96
	UnitedHealthcare Medicare Comp Plus Rx	11%	\$16.34	•					•			•			•	96
	UnitedHealthcare Medicare Complete Plus Rx	29%	\$17.34	•					•			•			•	96
	UnitedHealthcare Medicare Comp Choice Rx	100%	\$0.00			•			•			•			•	96
Universal Health Care, Inc.	UnitedHealthcare Medicare Comp Choice Plus Rx	100%	\$23.92			•			•			•			•	96
	Universal Freedom PPO 01	3%	\$0.00		•				•			•			•	96
	Universal Freedom PPO 01	16%	\$0.00		•				•			•			•	96
	Universal Freedom PPO 01	11%	\$0.00		•				•			•			•	96
	Universal Freedom PPO 01	7%	\$0.00		•				•			•			•	96
	Universal Freedom PPO 01	24%	\$0.00		•				•			•			•	96
	Universal Freedom PPO 02	24%	\$0.00		•				•			•			•	96
	Universal Freedom PPO 02	16%	\$0.00		•				•			•			•	96
	Universal Freedom PPO 02	11%	\$0.00		•				•			•			•	96
	Universal Freedom PPO 01	4%	\$0.00		•				•			•			•	96
Vista Healthplan of South Florida, Inc.	Universal Freedom PPO 02	3%	\$0.00		•				•			•			•	96
	Universal Freedom PPO 02	4%	\$0.00		•				•			•			•	96
	Universal Freedom PPO 02	7%	\$0.00		•				•			•			•	96
	Platinum Plan	11%	\$0.00	•					•			•			•	91
	Platinum Plus Plan	19%	\$0.00	•					•			•		•	•	91
	Platinum Plan	3%	\$0.00	•					•			•			•	91
	Platinum Select Plan	2%	\$0.00	•					•			•			•	91
	Platinum Select Plan	8%	\$0.00	•					•			•			•	91
	Preferred Options	2%	\$0.00	•							•	•			•	91
	Platinum Choice Plan	22%	\$0.00	•							•	•			•	91
Vista Healthplan, Inc.	Platinum Plus Plan	19%	\$0.00	•					•			•		•	•	91
	Platinum Prime Plan	8%	\$0.00	•					•			•			•	91
	Platinum Choice Plan	27%	\$0.00	•							•	•			•	91
	Preferred Options	19%	\$0.00	•							•	•			•	91
	Platinum Select Plan	19%	\$0.00	•					•			•			•	91
	Preferred Options	8%	\$0.00	•							•	•			•	91

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				HMO	Local PPO	Regional PPO	Private Fee-for-Service		Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
WellCare	WellCare Choice	8%	\$0.00	*					*			*	*		*	84
	WellCare Choice	3%	\$0.00	*					*			*	*		*	84
	WellCare Choice	2%	\$0.00	*					*			*	*		*	84
	WellCare Choice	11%	\$0.00	*					*			*	*		*	84
	WellCare Choice	1%	\$0.00	*					*			*	*		*	84
	WellCare Dividend	3%	\$0.00	*					*			*	*		*	84
	WellCare Dividend	1%	\$0.00	*					*			*	*		*	84
	WellCare Dividend	2%	\$0.00	*					*			*	*		*	84
	WellCare Dividend	1%	\$0.00	*					*			*	*		*	84
	WellCare Essential	4%	\$0.00	*					*			*	*		*	84
	WellCare Prescription Plus	2%	\$0.00	*					*			*	*		*	84
	WellCare Prescription Plus	4%	\$0.00	*					*			*	*		*	84
	WellCare Prescription Plus	1%	\$0.00	*					*			*	*		*	84
	WellCare Value	1%	\$0.00	*					*			*	*		*	84
	WellCare Value	1%	\$0.00	*					*			*	*		*	84
	WellCare Choice	4%	\$0.00	*					*			*	*		*	84
	WellCare Dividend	11%	\$0.00	*					*			*	*		*	84
	WellCare Value	3%	\$0.00	*					*			*	*		*	84
	WellCare Choice	1%	\$0.00	*					*			*	*		*	84
	WellCare Choice	3%	\$0.00	*					*			*	*		*	84
	WellCare Choice	3%	\$0.00	*					*			*	*		*	84
	WellCare Choice	5%	\$0.00	*					*			*	*		*	84
	WellCare Choice	4%	\$0.00	*					*			*	*		*	84
	WellCare Dividend	2%	\$0.00	*					*			*	*		*	84
	WellCare Dividend	4%	\$0.00	*					*			*	*		*	84
	WellCare Dividend	1%	\$0.00	*					*			*	*		*	84
	WellCare Dividend	6%	\$0.00	*					*			*	*		*	84
	WellCare Dividend	8%	\$0.00	*					*			*	*		*	84
	WellCare Essential	1%	\$0.00	*					*			*	*		*	84
	WellCare Essential	1%	\$0.00	*					*			*	*		*	84
	WellCare Prescription Plus	2%	\$0.00	*					*			*	*		*	84
	WellCare Prescription Plus	1%	\$0.00	*					*			*	*		*	84
	WellCare Prescription Plus	4%	\$0.00	*					*			*	*		*	84
	WellCare Value	2%	\$0.00	*					*			*	*		*	84
	WellCare Value	6%	\$0.00	*					*			*	*		*	84
	WellCare Value	5%	\$0.00	*					*			*	*		*	84
	WellCare Value	8%	\$0.00	*					*			*	*		*	84
	WellCare Choice	2%	\$0.00	*					*			*	*		*	84
	WellCare Dividend	8%	\$0.00	*					*			*	*		*	84
	WellCare Choice	1%	\$0.00	*					*			*	*		*	84
	WellCare Choice	4%	\$0.00	*					*			*	*		*	84
	WellCare Choice	1%	\$0.00	*					*			*	*		*	84
	WellCare Choice	8%	\$0.00	*					*			*	*		*	84
	WellCare Choice	6%	\$0.00	*					*			*	*		*	84
	WellCare Choice	2%	\$0.00	*					*			*	*		*	84
	WellCare Choice	1%	\$0.00	*					*			*	*		*	84
	WellCare Choice	1%	\$0.00	*					*			*	*		*	84
	WellCare Value	4%	\$0.00	*					*			*	*		*	84
	WellCare Select	3%	\$7.27	*					*		*	*	*		*	84
	WellCare Select	5%	\$7.27	*					*		*	*	*		*	84
	WellCare Select	1%	\$7.27	*					*		*	*	*		*	84
	WellCare Select	1%	\$7.27	*					*		*	*	*		*	84
	WellCare Select	11%	\$7.27	*					*		*	*	*		*	84
	WellCare Select	6%	\$7.27	*					*		*	*	*		*	84
	WellCare Select	4%	\$7.27	*					*		*	*	*		*	84
	WellCare Select	2%	\$7.27	*					*		*	*	*		*	84
	WellCare Select	1%	\$7.27	*					*		*	*	*		*	84
	WellCare Select	8%	\$7.27	*					*		*	*	*		*	84
	WellCare Select	4%	\$7.27	*					*		*	*	*		*	84
	WellCare Select	3%	\$7.27	*					*		*	*	*		*	84
	WellCare Select	3%	\$7.27	*					*		*	*	*		*	84
	WellCare Select	8%	\$7.27	*					*		*	*	*		*	84
	WellCare Access	8%	\$23.90	*					*		*	*	*		*	84

## Florida Medicare Advantage and Cost Prescription Drug Plans

\*The beneficiary drug premium covers prescription drugs only. Medicare Advantage plans also cover Medicare medical and hospital benefits, and supplemental benefits. Plan premiums vary for these benefits. Beneficiaries generally are responsible for the Part B premium.

Includes contracts/plans approved as of September 25, 2005. The data does not reflect information for Plans offering Part B only services, some demonstrations, PACE organizations, employer sponsored plans, or plans that were not approved by the "As of" date of the chart.

Organization Name	Plan Name	Percent Beneficiaries with Access to Plan in State	Beneficiary Drug Premium *	Type of Medicare Advantage Plan				Cost Plans	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Coverage Gap		Mail Order Offered	Number of Top 100 Drugs on Formulary
				HMO	Local PPO	Regional PPO	Private Fee-for-Service		Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
WellCare	WellCare Access	3%	\$23.90	•							•				•	84
	WellCare Access	8%	\$23.91	•							•				•	84
	WellCare Access	6%	\$23.91	•							•				•	84
	WellCare Access	5%	\$23.91	•							•				•	84